FILED AUG 17	OURI EATH State Eille M	26011			
BIRTH NO	REG.		PRIMARY REG. DIST	r. No. 1002 Registrar's N	3308
	ackson		2 USUAL RESI	DENCE (Where deceased lived. If	<del></del>
	as City	towaship) STAY (in this place)	c. CITY OR TOWN <b>Kan</b> s	i din	Residence within limits of the or incorporated town?
NSTITUTION	ot in hospital or institution 2910 Balt	imore	STREET	(If rural, give location) 2910 Baltimore	344
3. NAME OF a. (DECEASED (Type or Print)	(First) MARY	b. (Middle)	c. (Last) BERTOTTO	4. DATE (Month OF DEATH JUL	(=-2) (2001)
female	white ne	RRIED, NEVER MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 18.18	9. AGE (In years) IF UND	ER I YEAR   IF IMPORT 14 IN
10a. USUAL OCCUPATION (C done during most of working III Housekeeper	Give kind of work e, even if retired)	IND OF BUSINESS OR IN- DUSTRY	Buenos Aire	City and State or Foreign Country 3	12. CITIZEN OF WH
3a. FATHER'S NAME Joaquin Ber	totto	13b. MOTHER'S MAIDEN Unknown		14. NAME OF HUSBAND OR WI	FE
15. WAS DECEASED EVER IN (Yes, no, or unknown) (II yes, NO	U.S. ARMED FORCES	16 SOCIAL SECURITY	17. INFORMANT Jacques Jacq	's signature or name uin-4804 McGee St.	ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	DISEASE OR CONDITION IRECTLY LEADING TO D	MEDICAL C	ERTIFICATION	,	I INTERVAL BETWEE
1 1/10 CHOC3 710C 7/10CU71	NTECEDENT CAUSES forbid conditions, if any, se to the above cause (a) is se underlying cause last.	giving DUE TO (b)	ualige	atthisas	-
- l o	OTHER SIGNIFICANT Conditions contributing to the lated to the disease or conditions.	he death but mot	· ·	1120	
	MAJOR FINDINGS O			1	20. AUTOPSY?
21a. ACCIDENT (Bpoc SUICIDE HOMICIDE	21b. PLAC	EOF INJURY (e.g., in or about a, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNTY)	(STATE)
21d. TIME (Month) (De OF INJURY	ay) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR1	<u>.</u>
22. I hereby certify that alive on			, 19, to	, 19, that I la he causes and on the date state	st saw the decease
SIGNATURE GOO	G. Kealhoi	er (Degree or title)3		0 -	23c. DATE SIGNED
switten4	MUNICIPAL PO				
Ma. BURIAL, CREMA- FION, REMOVAL (Specify) BURIAL	fly UN 16 6. DATE Aug. 2,1955	Mt. Olivet Ce	QB, CREMATORY	24d. LOCATION (Olty, town, or cour Kansas City, Miss	nty) (State) Ouri

## STATEMENT BY LICENSED EMBALMER

I hereby certify	that the body	whose na	ne is i	recorded	on the	reverse	side of t	ms cermic	ate was emi
by me, by						··································	, Studen	t Embalme	r No
working under my per	sonal supervi	sion.				1	•		

Signed Former D. Coldenow

Licensed Embalmer No. 47/

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.